

Departure Processing for Students

☐ Casual ☐ Termination

Anticipated Final Day: _____

Name _____ Organization/Group _____ Z # _____

- Contact each organization below. The organization will sign the appropriate space.
- Return completed form to: HR-B, MS P280 or Otowi, 2nd floor.
- **Patent Clearance** Any invention while in the employ of Los Alamos National Laboratory must be reported to the Intellectual Property Office (667-3766).

SIGNATURE CERTIFICATION AND AUTHORIZATION

HR Generalist Contact your HR Generalist <http://www.hr.lanl.gov/Contacts/Generalists.shtml> to initiate a Personnel Action Form for going on casual status or for terminating. **Please check appropriate box above.** (Note: Final Distribution of funds will not be made without Personnel Action Form).

Signature _____ Date _____

Benefits Office (Otowi Building, 2nd Floor, North)

Casual Status: Complete online presentation at <http://www.hr.lanl.gov/pcourses/lanl/HR-Casual-Status/page01.asp>

☐ Completed the On-Line Casual Status Presentation Date _____

Terminations: Pre-register to attend session <http://int.lanl.gov/training/workforce.shtml>, click on Benefits, # 21013.

Signature _____ Date _____

Library (Circulation Desk at Main Library/will not clear by phone)

Signature _____ Date _____

Travel (Call 7-4090 to determine exit requirements.)

Signature _____ Date _____

Laboratory Property Division Property Administrators - <http://busblue.lanl.gov/bus3/btfs.htm>

Signature _____ Date _____

Key Custodian (Division Property Administrator or Group Administrator)

Signature _____ Date _____

Personnel Dosimetry /ESH-4 If Applicable. (7-4854) To determine exit requirements.

Approval _____ Date _____

Badge Office (Uncleared; S-6/TA-3/SM-490) **Clearance Processing** ("L" or "Q" Cleared, S-6/Otowi, 2nd floor)
A temporary badge, if needed, will be issued for **NO MORE THAN 5 WORKING DAYS** from the badge office.

Signature _____ Date _____

Group Leader or Designated Manager Return all Laboratory materials such as Tokencard and/or Cryptocard, credit cards, purchase cards, tools, keys, laboratory chemicals and other items. Ensure that organizational records are transferred upon termination.

Signature _____ Date _____

Affirming Correct Information

Employee Signature

Date